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Bib Data Sheet

SERIAL NUMBER 10/728,521	FILING DATE 12/05/2003  RULE	CLASS 514	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. HO-P02703US2
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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/431,393 12/06/2002 *CMK*  
 and claims benefit of 60/498,327 08/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****none CMK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

**\*\* 03/08/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CMK</i> Examiner's Signature Initials	STATE OR  COUNTRY TX	SHEETS  DRAWING 2	TOTAL  CLAIMS 44	INDEPENDENT  CLAIMS 7
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## TITLE

Oral lactoferrin in the treatment of sepsis

FILING FEE  RECEIVED 838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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